

*touch*POINTS

NURSING NEWS | Fall and Winter 2021



THE UNIVERSITY OF BRITISH COLUMBIA
School of Nursing

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TOUCHPOINTS

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ON THE COVER:

Dancing Water Sandy instructs students in NURS 353. See p. 7

DIRECTOR'S MESSAGE



My fifth year as director of the School of Nursing offers a chance to take stock, because this is the year when the university requires an external review. So, we have assembled a number of metrics and achievements over the past five years—

and what an intense, full five years it has been. The school has acted on a number of events we anticipated, like our centenary and amazing gala celebration, and projects that we have longed for, like the announcement of a new facility for teaching, learning, and promoting student health. We have welcomed changes like the doubling of the NP program, the addition of remarkable new courses in the undergraduate programs like the highly popular *NURS 180: Stress and Strategies to Promote Wellbeing*, and we have developed several opportunities for international students exploring UBC's Vancouver Summer Programs.

We have recognized our role, as partners in academia and the health-care sector, in answering the Truth and Reconciliation Commission's Calls to Action, upholding the United Nations' *Declaration on the Rights of Indigenous Peoples*, and ensuring that nurses in the workforce have the tools and support to address and eliminate racism in healthcare as required by *In Plain Sight*. We have increased our commitment to Indigenous cultural safety in healthcare and embedded that commitment into our leadership structures with the hiring of our inaugural Indigenous Nursing Lead, Tania Dick. The School also supports the ongoing professional development of faculty, staff, and students, including

the recent launch of a tailored training program with [Alder and Company](#), which aims to create a safer space for people to learn about the realities of Indigenous history and the ongoing impacts of colonialism.

We have also navigated through the rapid and sustained responses to the pandemic that have been required from our faculty and students, including the rapid-testing, self-testing and vaccine roll-out, achieved with the assistance of student nurses.

Although for a very long time our staff and faculty have had to be more distanced—working from home and keeping apart—new strategies for communication have also fostered new and deeper kinds of connections. Alumni, emeriti and others have stayed in touch and our virtual solutions for graduation and events have been even more highly attended than the in-person versions since our widely-dispersed alumni have been able to join online from anywhere.

The challenges of the pandemic also contributed some unexpected silver linings with a greater recognition of nursing, increased applications to our programs, and a commitment from government to support and expand our admissions quota significantly. We have adapted strategies to teach using virtual and online learning that many students prefer for flexibility. We will capitalize on these necessary innovations initially employed in response to the pandemic by retaining the beneficial elements as we move forward.

There are still a lot of challenges ahead in nursing practice and education, but I am confident that our talented faculty, staff, and students are prepared to take on any task.

Elizabeth Saewyc, PhD, RN, FSAHM, FCAHS, FAAN, FCAN
Professor & Distinguished University Scholar
Director, School of Nursing

Tania Dick

Inaugural Indigenous Nursing Lead



The School of Nursing has recruited Tania Dick, a member of Dzawada’enuxw First Nations of Kingcome Inlet, a UBC Nursing Indigenous Advisory Circle Member and UBC School of Nursing Alumna, as our inaugural Indigenous Nursing Lead. While this is happening at the one-year anniversary of UBC’s Indigenous Strategic Plan, it has been a culmination of the efforts of many.

In this new role, Ms. Dick will help guide multiple aims and considerations on how best to enact the School’s commitment to preparing the next generation of nurses who are deeply committed to upholding Indigenous Peoples’ human rights and ending Indigenous-specific racism in health care.

For Ms. Dick, this role represents a sea change in our approaches. “My mother is alumni of the School of Nursing at UBC, so this conversation has been going on for generations. I graduated in 2010, so it’s an indicator of growth for me, and readiness of where we’re at as a nursing family,” shared Ms. Dick. “The School has taken a number of steps since I graduated about how to do [reconciliation] work. This isn’t about me, as a single Indigenous person, this is about this faculty and this institution meeting all of the [Truth & Reconciliation Commission (TRC)] recommendations and being true leaders in the world of nursing. Because this is a prestigious School of Nursing with true leaders at so many levels, the new role is just going to be another sign of the leadership that the School can take.”

Dr. Helen Brown is a UBC Nursing Associate Professor and co-chair of the School of Nursing’s Indigenous Cultural Safety committee. She points out that “we have never had a clearer map about what we need to do – whether it’s the TRC, UNDRIP, or *In Plain Sight*. And yet we haven’t transformed the very institutions that need to do that work.”

The planning team has been intentional in designing the role and its positioning within the larger structure of the School including a careful analysis of what has worked and not worked in other units and institutions. “While many institutions have grappled with how to ‘do’ reconciliation, the historic approach was often tokenistic and laid the burden on one Indigenous person. We are doing it differently. The role needs to be a formal part of the fabric of the School – not just an intermittent consultation role. This is a pilot year, but we’re envisioning having a regularized role in the School,” added Dr. Leanne Currie, a UBC Nursing Associate Professor, member of the University Advisory Committee – Centre of Excellence for Indigenous Health, and member of the Metis Nation of British Columbia.

The Indigenous Cultural Safety committee is envisioning an Indigenous Nursing Lead role that will not carry the burden of implementing the Indigenous Cultural Safety strategic plan, but rather, “we are focused on ‘turning the gaze’ and resourcing faculty and staff’s capacity to do the work,” suggests Dr. Brown. For example, if faculty recognise a desire to position their syllabi with an Indigenous perspective, Ms. Dick will be able to critique the faculty members’ proposed approach.

Undergraduate and graduate students often receive more training in Indigenous cultural safety than faculty and staff. For example, the UBC 23-24 Indigenous Cultural Safety course and the School of Nursing Indigenous Health course have been offered to undergraduates for the past 4 years. Further, many graduate students have completed San’yas through their work at local health authorities. “While a version of the UBC 23-24 course is being modified for faculty, it is not yet launched. The Indigenous Cultural Safety committee is also creating a program for staff and faculty to support our people ‘where they are’ in engaging with the Indigenous context in their roles at our School,” explained Dr. Brown.

Ms. Dick’s leadership adds another layer of support to these activities. “To me, the message of ‘consultative expertise’ in the job description is in part about making it feel safe and welcoming for people to explore where they are on their allyship journey,” adds Dr. Currie, “while recognizing that individuals are responsible for learning the historical and contextual issues that are at hand.”

Although Ms. Dick’s position is heralded as an incredible resource, it also has built in accountability for the School. “Let’s turn the

tables,” she says. “I’m your ally, I’m here to help you, to lift you up in this work. Because this is your work, this is your journey, and this impacts you as an individual and your practice.”

The School’s Indigenous Cultural Safety committee has carefully integrated the Indigenous Nursing Lead position and processes at the committee level so that it is a team-based approach enabling the portfolio to be a strengths-based, collective approach, and decentralized across the committee. The School’s commitment to provide funding for the position, rather than rely on external grants, distinguishes it from other Nursing positions in Canada. Even the title of the position, Indigenous Nursing Lead not Indigenous Nurse Lead, speaks to the wider aspiration of catalyzing Indigenous leadership for the profession through the work of the School.

The ICS committee curates resources to intentionally uplift, amplify, propel, and build the critical mass of Indigenous nursing leadership. Ms. Dick explains, “As Indigenous nurses we get catapulted into these kinds of leadership positions – within our communities or nations whether or not we work there. Without leadership tools in our toolkit, Indigenous people often leave the profession really early.” She further elaborates, “[We need to focus on] not only, ‘how do we prepare students to be successful in the program’, but ‘how do we prepare them for success in the profession?’” Dr. Currie adds that “the first next steps are to consult with self-identified Indigenous nursing students to co-create a collaborative vision for student success.”

Already there is buzz about how these approaches are resonating with other groups. Indigenous nursing leaders like Leslie Bonshor at Vancouver Coastal Health are building similar supports for Indigenous nursing clinicians. Ms. Dick stresses that especially in responding to *In Plain Sight*, nursing schools in BC need to be collaborative and model best practices, “everyone has to learn from each other on this, and we have to cross-pollinate.” She further stresses that the only way to address Indigenous and other racism is through collective work. “When I think about this position and this movement at the UBC School of Nursing, it’s good medicine. There is much discussion about racism and discrimination, and cultural safety and humility. It’s a hot topic. Everyone is looking to each other and trying to figure out what to do. I think this is just good medicine for everyone to be able to witness and see what this new role can do. When we have medicine, we harvest it and gather it – it’s to be shared. It’s to heal.”

IN PLAIN SIGHT: [HTTPS://ENGAGE.GOV.BC.CA/APP/UPLOADS/SITES/613/2020/11/IN-PLAIN-SIGHT-FULL-REPORT.PDF](https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/in-plain-sight-full-report.pdf)

TRUTH AND RECONCILIATION COMMISSION:

[HTTPS://EHPRNH2MWO3.EXACTDN.COM/WP-CONTENT/UPLOADS/2021/01/CALLS TO ACTION ENGLISH2.PDF](https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/calls_to_action_english2.pdf)

UN DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES:

[HTTPS://WWW.UN.ORG/DEVELOPMENT/DESA/INDIGENOUSPEOPLES/DECLARATION-ON-THE-RIGHTS-OF-INDIGENOUS-PEOPLES.HTML](https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html)

Dr. Annette Browne Seeks Justice

As Expert Witness in the Ms. Joyce Echaquan Inquiry



Dr. Annette J. Browne, a professor in the School of Nursing, served as an expert witness in the 2021 Quebec Public Inquiry into the death of Ms. Joyce Echaquan, an Atikamekw woman who died on September 28, 2020, after posting a livestream video of hospital staff making racist comments about her instead of attending to her needs.

As a member of the Sinclair Working Group, Dr. Browne is also familiar with the details of the Mr. Brian Sinclair inquest. In 2008, Mr. Sinclair was sent an emergency department for treatment via taxi. He remained in the waiting room until, after 34 hours of being ignored, he died of a treatable condition. In that instance, the presiding judge ruled (according to the [Canadian Bar Association](#))

that “issues of race, racism, poverty, disability, and substance abuse were beyond the mandate of the inquest.” In other words, there would be no analysis of how systemic racism played a part in Mr. Sinclair’s death.

In contrast, according to [the CBC](#), the top recommendation made by coroner Géhane Kamel in the Quebec Public Inquiry is for the province to acknowledge that systemic racism exists and “make the commitment to contribute to its elimination.”

Following the Quebec Public Inquiry, Dr. Browne and her colleagues Mary Jane Logan McCallum, Josée Lavoie, and Christa Big Canoe wrote a comparison of the two events. Read the full CBC opinion piece entitled “[Mr. Brian Sinclair, Ms. Joyce Echaquan died years apart in hospitals. Only one of their inquests points to change.](#)” In Ms. Joyce Echaquan’s case, Quebec coroner Géhane Kamel sought to understand “how systemic racism influences the assumptions and treatment provided by staff in relation to Ms. Echaquan’s health needs.”

Dr. Browne’s [full report to the Quebec Public Inquiry](#) is publicly available. She concludes that some progress is being made, but notes that although these two incidents made headlines around the world years apart from one another, they are not isolated events. For many people who identify as Indigenous, these reflect common, everyday experiences. Nurses must work to recognize and mitigate the ongoing effects of systemic racism in healthcare.

Please visit nursing.ubc.ca/TouchpointsX for live links.

NURS 353

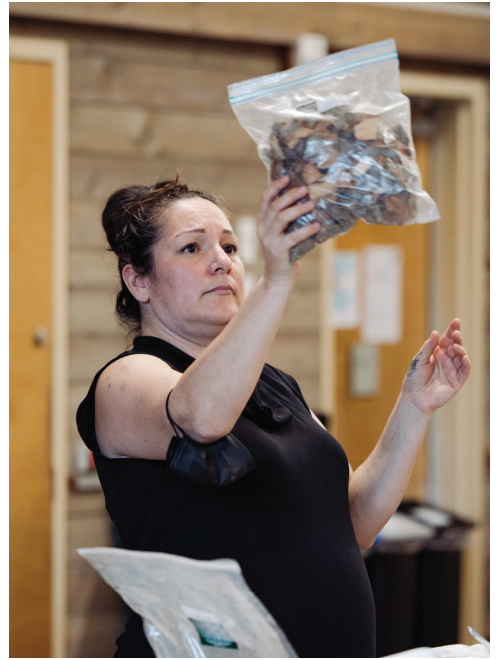
Promoting the Health of Indigenous People

In response to the Truth & Reconciliation Commission Calls to Action, a BSN course was introduced in 2018 for students to learn about how racism and ongoing colonialism contribute to health inequities experienced by Indigenous peoples in Canada within the wider historical, social, economic, and political context. Students learn about their own positionality as the basis for providing safe, ethical and respectful care for Indigenous Peoples and how integrating Indigenous ways of knowing can contribute to the decolonization of systems through equitable and culturally safe care.

The images on the opposite page from Nov 2021 at the First Nations House of Learning were taken during a class entitled “Resiliency & Resurgence: Indigenous Knowledge, Learning & Land-Based Healing.” Students experienced the teachings of guest lecturer Dancing Water Sandy and then carried these teachings into the making of medicinal teas with sacred plant medicines, cedar candles, and healing salves. Dancing Water Sandy is Secwepemc, Cree and Scottish and lives in Sugarcane,

BC. In addition to a Bachelor of Education degree from UBC with a specialization in Indigenous Education, Dancing Water imbues her instructional style with “traditional knowledge that has been entrusted to her from her family, her ancestors, her life, and her extensive experience working with community.”

For many years, Dancing Water and Dr. Helen Brown have worked together on projects with First Nation communities and people who are incarcerated. Dancing Water has been a fixture in the class since the NURS 353 course began in 2018 and her dedication is noteworthy. In 2020, when the class was taken online, Dancing Water shipped the tea ingredients to Dr. Brown, who, with the assistance of about eight students, delivered the tea-making kits to the entire NURS 353 class, enabling their participation in this powerful online experience with Dancing Water. Fortunately, in 2021, students were able to be in-person to listen to the teachings and be guided by Dancing Water to experience working with and learning about Indigenous medicines.



Resiliency & Resurgence: Indigenous Knowledge, Learning & Land-Based Healing



Detailed discription of this class on p. 6

Innovation and Adaptability in Healthcare

GSNA Symposium 2021

This year's Graduate Students in Nursing Association (GSNA) Symposium took place online on October 15, 2021. GSNA President, **Abdul-Fatawuy Abdulai** opened the event with a welcome and introduction of a panel discussion. The discussion was moderated by **Dr. Elizabeth Saewyc**, who was joined by panelists **Dr. Manon Ranger**, **Dr. Margaret Moss**, **Dr. Lillian Hung**, **Dr. Kristen Haase**, and Mr. Abdulai.

The panel discussion focussed on innovation in nursing. Dr. Hung and Mr. Abdulai explained how innovation in technology transforms some nursing care. Dr. Haase considered how innovation in relational practice is not just about technology but also about relationships and new ways of engaging. To illustrate that innovation can also mean a return to tradition, Dr. Moss pointed to some of the traditional ways of knowing that nurses are learning and relearning to provide culturally safe care. Dr. Ranger talked about how her research with animal models is used to understand newborn pain and how using that information to improve treatment requires translation in the NICU. The panel concluded that collaboration across disciplines is one important means of sparking continued innovation in nursing.

Dr. Vicky Bungay presented the keynote address *Interrelationships between research funding and health research: A Canadian Exemplar*.

Research is critical to support an urgent global priority to promote the health and human rights of adults engaged in sex work. But the manner in which research funds are allocated for this enterprise requires scrutiny. This talk reports on a study examining funding allocation for sex work-related health research in Canada.

The research team examined 64 operating grants awarded between 2003 and 2020.

- Sex workers' health is problematized disproportionately in a street marketplace context that centers on HIV and sexually transmitted infections.
- Limited work attends to the socio-structural context of sex work and instead perpetuates stigmatizing narratives about sex work.
- Public health intervention studies are rare, presenting a barrier for implementing and evaluating evidence-based health promotion strategies.
- Research projects were conducted by a small number of highly-networked, geographically-clustered researchers, leaving gaps in research that considers the complexity of sex work.

Dr. Bungay concluded that the funding process may be limiting the range of health issues being addressed and privileging a small community of researchers, inadvertently serving to worsen health inequities among some sex work communities.

Following the address, attendees chose to participate in breakout rooms conducted by these presenters.

PRACTICE BASED INNOVATIONS

- *Improving transfusion reaction reporting at Vancouver General Hospital: a quality improvement initiative with **Alexa Clark***
- *The Feasibility of a social media-based Diabetic Foot Self-Management Program during the COVID-19 Pandemic in Canada with **Helen Obilor***
- *Characteristics Associated with Opioid Deprescribing in Long-Term Care in Ontario: A Population-Based Cohort Study with **Andrea Rochon***
- *Caregiver participation in NICU research: a qualitative analysis with **Connie Ku***
- *Human Factors Analysis of a Canadian COVID-19 Mass Vaccination Centre with **Alexa Clark***

EQUITY & CHANGE INNOVATIONS

- *Reproductive rainbow: Exploring fertility intentions and family planning experiences within the 2SLGBTQ community with **Kerry Marshall***
- *Using photovoice to understand experiences of opioid use among sexual and gender minority youth with **Trevor Goodyear***
- *Improving Care and Outcomes for Women Affected by INOCA with **Nicole Tegg***
- *Exploring patient safety in long-term care homes from the perspectives of nursing staff and residents: A mixed methods research with **Ibrahim Abughori***

RESEARCH METHODS INNOVATIONS

- *The value of patient engagement in pediatric research: a clinical research journey curated by super hero kids with **Linda Warner***
- *Exploring the ethics of self-experimentation through 'The Strange Case of Dr. Jekyll and Mr. Hyde' with **Michelle Gagnon***

GLOBAL HEALTH INNOVATIONS

- *Experiences of Sexuality among Pakistani-descent Adolescent Girls Living in Canada – "It feels like I live in two different worlds" with **Neelam Pujani***
- *Women's experiences and perception of reproductive health access in rural Ghana with **Eunice Bawafaa***



Student Stories

Tamasha Hussein Opens a Narrow Door



Tamasha Hussein in Malawi.

Tamasha Hussein is a student at the UBC School of Nursing and is a new permanent resident of Canada. Both roles have been granted to her courtesy of her own hard work, determination, and World University Services Canada (WUSC).

When she was only six, Tamasha's family had to flee from the Democratic Republic of Congo because of ongoing conflicts there. They settled into life in the Dzaleka Refugee Camp in Malawi where Tamasha grew up over the next twelve years. Opportunities to leave are few. "You have to fight very hard to get an opportunity to get out of the camp," she says. "If you stick in the camp... you only go to high school, and normally with girls most of the time you don't even make it up to high school."

But there was one glimmer of hope. In grade two, Tamasha's teacher told them he would be replaced with a new teacher. He had applied to WUSC and been selected to leave for Canada. The WUSC program has been in place for 40

years, providing support to refugee students to attend university. Today, 130 students each year are sponsored with tuition, allowance, and permanent residency in Canada. Inspired, Tamasha set a goal for herself right there in primary school: "To study very hard, apply for the WUSC program, and end up in Canada." But competition for the few spots is global and fierce. "I had to fight with a lot of very qualified people...[it's] like going through a very narrow door and you just squeeze other people for you to pass through."

In 2018 she learned that her efforts had been successful. By 2019 she was at UBC, telling her story to the [CBC](#) in August, and in November giving the inaugural interview to [The Torchbearers](#), a podcast featuring first generation students attending UBC. Those interviews tell the story of overcoming challenges, remaining undaunted in the face of bureaucracy, creating community while battling culture shock, and accepting the challenge of mentoring a younger brother through the same process.

Tamasha's story also touches on her hope to make her family proud by becoming a healthcare professional. Happily, she was successful in entering the nursing program, too. "I would be very proud if I had somebody in my family that is already at the university...but I'm the first one in my family and I am here." Indeed she is.

October Influenza Vax Blitz in Downtown East Side



BSN Students administer flu shots in the Downtown East Side "Influenza Blitz" in October, 2021. NURS 362 Term 4 students who joined in include Jessica Hummel, Julie Sou, Sam Gallant at Hastings and Main, Caitlyn MacLennan, Angela Kim, Stephanie Wu near Pigeon Park.

53RD MARION WOODWARD LECTURE

Transforming the rhetoric, racism, and realities for Indigenous peoples: Disrupting nurses' thinking and practice

The UBC School of Nursing virtually hosted Professor Denise Wilson on November 4, 2021, as the keynote speaker for the 53rd annual Marion Woodward Lecture. Dr. Wilson is a professor in Māori Health, Associate Dean of Māori Advancement in the Faculty of Health and Environmental Sciences, and Co-Director of Auckland University of Technology's Taupua Waiora Māori Research Centre. She is also a New Zealand registered nurse with intensive care, coronary care, acute medicine, and community nursing experience.

Her presentation discussed the inequities in nursing with a focus on the implicit biases, discrimination, exclusion, microaggressions and the burden of representation experienced by Indigenous people working in and accessing healthcare.

Māori nurses benefit the community in multiple ways, but they regularly encounter racism and inequities in their practice. Dr. Wilson spoke about the "double cultural shift" that Māori nurses have to bear—they are not only expected to fulfil their role as nurses but are also expected to take on the additional task of sharing cultural expertise. This is further exacerbated because while 16.5% of New Zealand's population are Indigenous, only 6-7.5% of the registered nursing workforce are Indigenous.

Watch the recording of the keynote lecture and symposium dialogue online:

www.youtube.com/watch?v=O8bt-0wNkI0

Or visit our Event Page:

nursing.ubc.ca/MWL2021

"Through listening comes awareness, through awareness comes understanding, through understanding comes knowledge, through knowledge comes life and wellbeing."

Professor Denise Wilson (Ngāti Tahinga, Tainui)

Dr. Wilson elaborated on the vicious cycle of how discrimination and racism leads to health inequities. The gaps between creating policies and actually implementing them in nursing practice must be closed.

Improving Indigenous nurses' experience is about improving cultural safety and the quality of care that is delivered to Indigenous people. Therefore, it involves transforming nursing practice on two levels: for the people who receive nursing care and for the people who deliver it.

Dr. Wilson shared a cyclical theory of change, based on Māori creation stories, to transform thinking and doing. It involves *Te Ao Marama*, thinking differently to create safe practices of people; *Te Kore*, creating the right conditions for change to transform the future; and *Te Po*, transforming conversations about knowledge and practice.

Dr. Wilson calls for a nursing practice with humility, "*Kāore te kūmara e whāki ana i tana reka*, or the kumara (sweet potato) does not say how sweet it is."

Ultimately, it is through recognizing the need for culturally acceptable practice and equity and trauma-informed practice that we will begin to ameliorate the health disparities that continue to exist for Indigenous peoples around the world.



*Reconciliation Pole,
Hereditary Chief 7idansuu (James Hart), Haida.
Paul H. Joseph / UBC Brand & Marketing*

2021 SYMPOSIUM

Following the Marion Woodward keynote lecture, Dr. Wilson joined a panel discussion with invited panelists Tania Dick, UBC Nursing's newly appointed Nursing Indigenous Lead, and Chloe Crosschild, UBC Nursing PhD trainee and Assistant Professor at the University of Lethbridge. The panel was moderated by UBC Nursing assistant professor, Dr. Saima Hirani.



"I think there are some ways that we can start to shift the way in which we do things which then starts shifting the climate about what's acceptable and what's not acceptable about talking, about racism, and how people are inadvertently placing burdens on our indigenous faculty."

- Dr. Denise Wilson,
Professor in Māori Health
Associate Dean Māori Advancement, Faculty of Health & Environmental Sciences
Co-Director of Auckland University of Technology's Taupua Waiora Māori Research Centre
Keynote Speaker

"We're all really realizing we can't move these things forward unless we all together step up to it. It's not up to us as Indigenous people it's not up to the non-Indigenous people, we have to do this together."

- Tania Dick
Indigenous Nursing Lead
UBC School of Nursing
Panelist



"Allyship is a lifelong process. It's something that is building trusting relationships. Its consistent, it's based-on accountability with marginalized people or groups of people. It's not self-defined."

- Chloe Crosschild
Assistant Professor, University of Lethbridge
PhD Trainee, UBC School of Nursing
Panelist

"It's not fixing one thing, there are many multi-factorial things that are embedded and woven into our society at several layers. It's not easy to fix in one go."

- Dr. Saima Hirani
Assistant Professor
Moderator



Nursing Artifacts ...

Preserving Nurses' Cultural History

In honour of the BC History of Nursing Society's 30th Anniversary, the UBC Nursing History Consortium with UBC-V Nursing and the BC History of Nursing Society welcomed over 70 attendees to the annual (virtual) History Symposium. Kathy Murphy, President of the BCHNS and Geertje Boschma, Professor, UBC School of Nursing, gave the opening remarks and introduced Christina "Tina" Bates, former curator of the Canadian Museum of History in Ottawa.

In her keynote address, *Nursing History Embodied: Collecting and Researching a Uniform Collection*, Ms. Bates presented selections from the Canadian History Collection focussing on 52 uniforms from nursing schools across Canada. These uniforms and photos of the women who wore them, informed her book, *A Cultural History of the Nurse's Uniform*, which shows the role of the uniform in creating nursing identity over 100 years. Below are some images and quotes from the presentation. Visit nursing.ubc.ca/TouchpointsX for the link.



Ms. Bates presented the assortment of clothing above with the comment: "If you think you know what a nurses' uniform looks like, think again." Members of the BC History of Nursing Society model uniforms in Ottawa in 2005.

"Visual and artifactual or object evidence can yield just as much, if perhaps different, information about intellectual, social, and cultural milieu as written material."

"Clothing is the category of material culture that arguably offers the greatest potential for personal identity and values."

"I see the uniform as having its own power to influence and be used by its wearers, sometimes in compliance with and sometimes in contradiction to its purpose."

"The uniform was not only a symbol but also an active participant in the formation of personal and social mentalities."

"As a material culture observer, I ask myself, 'what am I seeing?'; not 'what do I want to see?'"

"The visual and tactile dissonance between the 'don't touch' starched bib and apron and the feminized dress underneath can help re-evaluate the sexual role of these young women at the time who wore these uniforms."

Uniform worn by Edna Muir, 1917-1918



...and Nurses' Uniforms

A Virtual Fashion Show

The BC History of Nursing Society's Margaret Scaia, Sheila Rankin Zerr and Lenore Radom presented a slideshow of nurses' uniforms. Almost all were from Ms. Rankin-Zerr's collection, some of which are shown below. Her study of attire worn by nurses reveals a great deal, not only about their struggle for professional status and recognition, but also about their roles within contemporary society, and about their independence. This presentation forms part of the 2021 Nursing History Symposium video. Link on page 12.

Jeanne Mance, born 1606, was founder of the first European-type hospital in Canada. She learned about health care from nuns. She administered the growing Hotel Dieu operations until her death in 1673. The costume is typical of her time for day wear, but little information exists about her hospital wear.



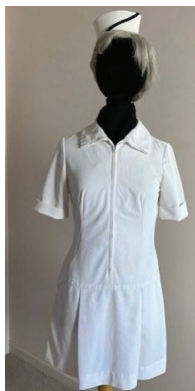
Lady Amelia Douglas (whose husband was to become the first governor of BC in 1858), was born in 1812 in northern Manitoba. She learned healthcare at the side of her mother, a Swampy Cree healer.

This costume is typical of everyday dress worn by "Women of Influence" in Victoria from the 1850s to about the 1890s.

A First Nations beaded leather pouch would have been used to carry herbs and other potions to assist in healing work as was the chatelaine in this same time period worn by Florence Nightingale (and seen on the Mance replica).



The fashion show also summarized the nursing career of "mover and shaker" **Jessie MacKenzie**, as a BC example of many early Canadian nurses striving to set standards for nursing in the early 1900s.



The uniform changes with the times, sometimes taking cues from the styles in vogue, sometimes setting the trends as seen in this **circa 1905 Royal Jubilee Hospital (RJH) Walking Out Uniform** and a **1960s miniskirt** once worn by an instructor.

Nursing student uniforms reflect certain similarities across institutions and over long periods of time. Short sleeves and a stiffly starched bib apron introduced decades before, remain standard for students in 1960-1972 era.

Patti Stevenson models the UBC pink beside a **RJH student nurse uniform** in blue on the right. Colours, adornment (or lack) on the cap, and the emblem on the collar of the cape distinguish schools.



The little cape sports a "Rose of Sharon."



The **Voluntary Aid Detachment (VAD) Uniform** worn by nursing sisters in World War I were influential in causing women's hemlines to be raised; floor-length skirts were simply unworkable in the mud of battlefields. After the war, this trend may have been responsible for the further raising of hemlines.

WWII uniforms worn in field hospitals were practical and echoed those worn by Canadian infantry. At home the wearing of trousers by women was widely adopted, as was the turban (not shown) that nurses fashioned from khaki slings as a more practical replacement for the veil or beret. In their distinctive blue dress uniform, Canadian nurses were known as "bluebirds".



The **male nurse** has been part of nursing from earliest times. In the middle ages during the Crusades, they were the prominent care givers and have continued to serve in military zones. Today their presence in general nursing is increasing, but they still represent less than seven percent of registered nurses.



Originally black wool trousers and starched shirts were the uniform, then white trousers and tee shirts covered with a lab coat (or a lab jacket). Over time scrubs in a variety of colours have gradually become the norm for all nurses. Here is the current UBC nursing student uniform in UBC Navy with an identifying badge.

Kudos

These represent a sample of the many awards, funding and other accolades received by staff and faculty since June.



Elisabeth Bailey | Assistant Professor of Teaching | Received the **Excellence in Nursing Education award** from the Nurses & Nurse Practitioners of BC (NNPBC). Recipient of the **2021 APSC Dean's Award of Excellence**.



Jennifer Baumbusch | Associate Professor and CIHR Chair in Sex and Gender Science | **Fellow of the American Association of Nursing** and received a **Legacy 2020 Centenary Award of Distinction** from her alma mater, Arthur Labatt Family School of Nursing.



Suzanne H. Campbell | Professor | Named **Fellow of the Canadian Nurse Educator Institute** (CNEI) from the Canadian Nurses Association.



Kristen Haase | Assistant Professor | selected by the Recognition of Excellence Committee as a recipient of the **2021 CANO/ACIO-Pfizer Award of Excellence in Nursing Research**, and as recipient of the **2021 Award for Excellence in Reviewing Peer Reviewed Manuscripts for CONJ**; and has received funding from the **Oncology Nursing Foundation**.



Farinaz Havaei | Assistant Professor | received the **MSFHR Scholar award** to support her work on *Promoting workplace psychological health and safety of the nursing workforce in the long-term care sector*; also a recipient of the **2021 Excellence in Advancing Nursing Knowledge and Research award** from the NNPBC.



Margaret Moss | Associate Professor and Director of First Nations House of Learning | Named among the **Forbes 50 over 50** and appointed as **Interim Associate Vice-President, Equity and Inclusion** at UBC.



Andre Naval | Clinical Simulation Lab Technician | Recipient of the **2021 APSC Dean's Award of Excellence**.



Paddy Rodney | Professor Emeritus | Honoured with the UBC Faculty of Applied Science **Dean's Medal of Distinction** in 2021 for her work in health care ethics, particularly the moral climate of health care delivery and end-of-life decision-making.



Elsie Tan | Professor of Teaching | Recipient of the **2021 APSC Dean's Award of Excellence**



Sally Thorne | Professor and Associate Dean, Faculty Affairs APSC | received the **Faculty Community Service Award** for exceptional contributions to Nursing education that improve the quality of health care.

Special Recognition

The accolades keep coming! We are so proud of our students, post-docs, adjuncts, research partners, honorary professors, alumni and other colleagues who do such amazing work. A few have been recognized over the past few months, and this is just a sample of the scope and variety of their achievement. Congratulations to all!

Elizabeth Straus, Doctoral student, has received a **Killam Teaching Assistant Award**.

Dr. Tara Horrill, a **Michael Smith Foundation Health Research (MSFHR) Trainee awardee**, is working with supervisor Dr. Annette Browne on: *Identifying organizational and contextual factors impacting the integration of equity-oriented healthcare for marginalized populations*.

Sarah Crowe, a **MSFHR Trainee awardee**, is working with supervisor Dr. Fuchsia Howard on: *Understanding critical care nurses' prioritization of patient care*.

Christina Chant, Adjunct Professor, Received the **Excellence in Nursing Administration award** from NNPBC.

Lucy Barney, MSN 2005, was honoured with the **Lifetime Achievement Award** from the NNPBC.

Dr. Corey McAuliffe is the recipient of a **Health System Impact Post Doctoral Fellowship** from the Canadian Institute of Health Research (CIHR) for her project, *Building Capacity for Campus Suicide Prevention: A Policy Practice Partnership*. Her doctoral supervisor is Dr. Emily Jenkins.

UBC Nursing doctoral student **Ismalia De Sousa** was awarded a **UBC Public Scholar Award** for her project, *Towards equitable stroke care: learning from young women's experiences*. Her doctoral supervisors are Dr. Sally Thorne, Dr. Sandra Lauck, and Dr. Thalia Field.

Doctoral student **Alysha McFadden** secured support for *Arts-based storytelling: Strengths-based strategies during dual pandemics* from **2021 UBC Community Engagement Partnership Recognition fund**.

BSN Student **Tenyle Marie L'Heureux** has received the inaugural **Sandra Cawley award** for an Indigenous student studying nursing with superior academic standing and demonstrating leadership and community involvement.

Marcia Carr, Adjunct Professor and Coordinator of Acute Geriatric Care, Burnaby Hospital, and **Madeleine Dion Stout**, Honorary Professor, were named **Fellows of the Canadian Academy of Nursing**.

In a competition with six other finalists, **The CRAB Project** took home a **Special Jury Prize from MEDEA Awards 2021**. Kathy O'Flynn Magee represented the team at the online ceremony on Nov 18, 2021.

In Memoriam - Marilyn D. Willman (1928-2021)



Marilyn D. Willman

Dr. Marilyn Dawn Willman arrived at UBC School of Nursing in 1977 from the University of Texas to take up the position of Professor and Director; a position she held until her (mandatory) retirement in 1993. A strong champion of the need for a highly educated nursing workforce, Dr. Willman was intrigued by the challenge of a new country and health care system. Among the numerous changes Dr. Willman implemented at the school were the development of a full caucus of all faculty as the School's primary decision-making body, moving the school from a patchwork of locations into a consolidated, "temporary" home, establishing a PhD program, and creating a nursing honour society (later the Xi Eta Chapter of Sigma Theta Tau International) - all of which innovations have continued to this day.

After retirement in December 1993, Dr. Willman lived a quiet life in Richmond, BC, taking annual vacations with family and collecting various dolls and artifacts. In time, her declining health required relocation to a care facility in Richmond, but she remained in contact with a few of her former School of Nursing colleagues.

Marilyn D. Willman, Professor Emerita and former Director of the UBC School of Nursing, died on May 20, 2021. Her enormous contributions to shaping the UBC School of Nursing we know today constitute a major chapter in the School's illustrious history. For more, please visit nursing.ubc.ca/Marilyn-D-Willman

The History of Critical Scholarship in the School of Nursing

Joan Anderson: One of UBC's "Treasures"



Dr. Joan Anderson

Dr. Joan Anderson's life's work catalyzed the 'critical' turn in nursing scholarship. The UBC School of Nursing's international reputation as a hub for excellence in critically-oriented research and scholarship is directly attributable to Dr. Anderson's trailblazing research program, and her sustained commitment to the highest quality of doctoral-level training for the next generation of nursing and health researchers.

Dr. Anderson completed her PhD in Sociology in 1981, having attained an MSN at UBC and a BN at McGill University. A member of the UBC Nursing faculty for 30 years, she also held Visiting Professorships at Harvard Medical School Department of Social Medicine and Health Policy, the University of Toronto, Loughborough University, England, and the University of Melbourne School of Nursing, among others.

Over the course of her remarkable career, she has drawn upon her education as both a nurse and a sociologist to engage with various social science and nursing theories to foster critical scholarship in nursing and health sciences. Dr. Anderson's program of research evolved in response to Canada's changing immigration policies in the 1980s, and the demands of practice to provide competent care to patients from diverse backgrounds. As the field of critical scholarship grows and evolves, Dr. Anderson continues to keep abreast of different 'paradigm shifts' to examine the ways in which they might inform nursing science, and strengthen the theory, research, and practice dialectic.

Dr. Anderson's leadership was instrumental in UBC's development of one of Canada's first doctoral programs in nursing. As Chair of the PhD in Nursing Planning Committee at UBC from 1984-1991, Dr. Anderson convincingly articulated the case for doctoral studies within the discipline, building the faculty research base upon which a viable proposal could be developed, and leading the development of UBC's PhD program proposal through to Senate approval and program launch in 1991.

In 1987, with her former graduate student Judith Lynam, Dr. Anderson established the Cultural Studies and Health Research Unit (CSHRU) at the School of Nursing. The CSHRU philosophy at

the time reflected the pioneering research program that was the hallmark of Dr. Anderson's life's work:

"The consortium of scholars associated with the Cultural Studies and Health Research Unit is engaged in critical inquiry drawing upon the traditions of postcolonialism, feminism, and cultural studies. Common themes of inquiry built upon in the Unit center around social justice, inequities in access to health and health care services, and vulnerabilities as structured by various socially constructed classifications such as gender, race, and class, and by certain life transitions (e.g., aging, hospitalization)" (CSHRU Philosophy statement, 1987).

In 2004, Dr. Anderson led the transition of the CSHRU to become the Culture, Gender and Health Research Unit, to focus on "critical



Dr. Anderson in 2003
with members of her research team.

inquiry drawing upon the traditions of cultural studies and gender analysis" and themes of inquiry centering on "inequities in access to health and health care services, and vulnerabilities as structured by various socially constructed classifications, and by certain life transitions (e.g., aging, migration, hospitalization and transition to home)" (CGHRU Mission Statement, 2004).

In 2010, building on the foundation of critical scholarship established by Dr. Anderson, the CRiHHI Unit (Critical Research in Health and Healthcare Inequities Unit) was created as an intellectual space within the School to bring together those within the School and wider communities to explore critical inquiry with a focus on "multiple forms of scholarship, a commitment to analyses of power and to creating a more just social order, and transformational policy, services and practice to support equitable health and well-being" (CRiHHI, 2010).

Today, the UBC School of Nursing is internationally recognized for excellence in research, and research training, in the field of

critical inquiry. Many of its leading faculty attribute their scholarly development to Dr. Anderson’s mentorship and guidance, fiercely pressing for clear articulation of the principles of social justice and equity in health care, and drawing upon critically reflective scholarship to act on health inequities. Dr. Anderson continues to be fully committed to working with educators teaching in our undergraduate and graduate programs to bring ideas from research such as marginalization, situated vulnerabilities, and systemic racism into classrooms and courses—exemplifying knowledge mobilization in action. Indeed, Dr. Anderson’s thriving legacy of critical scholarship continues to reverberate today in the educational opportunities the School offers at all levels of our curriculum, and the world-class research programs and training experiences the School has to offer.

Throughout her academic career, including her ongoing scholarship as professor emerita, Dr. Anderson’s leadership and mentorship have been exemplary. She was a pioneer in integrating qualitative methodologies in nursing and health research, and set the stage for our School to become a leader in bringing the social context of patient experiences into health planning processes and nursing practice. Dr. Anderson’s late scholarship drawing on critical humanism calls for discursive, inclusive spaces for diverse perspectives and critical dialogue. She convened a group of scholars in 2015 to form the “Sylvia Think Tank”, which meets annually at the Sylvia Hotel. After submitting the Policy Brief [Interrupting the Cycle of Poverty to Improve Health](#), to the BC Ministry of Social Development and Poverty Reduction in 2018, the group has a follow-up submission planned for early 2022. Ranjit Dhari and Brenda Sawatzky-Girling have agreed to take over the leadership of the Think Tank following the 2022 brief submission.

At every stage of her career, she continues to forge new territory, mentoring and bringing along with her an expanding network of students, former students, and colleagues such that UBC Nursing has become a true centre for advances in the critically important areas of health policy research, social inequity analyses, and knowledge mobilization. Her former students—too many to

name here—have gone on to take up leading roles as Directors of Schools of Nursing in Canada and abroad, and become top-ranked scholars and researchers across the full spectrum of the many clinical fields in which critical scholarship continues to be a priority. Dr. Anderson’s steadfast focus on obtaining the highest quality work from her graduate students aligns with her deep commitment to recognizing that the privilege of a university education carries with it a responsibility for full engagement



Dr. Anderson in 1993 with graduate student Rozina Rajwani. Faculty colleagues Sonia Acorn and Donelda Parker are visible in the background.

with scholarship, and service to the larger society. As a model of scholarly service, Dr. Anderson fostered a commitment to excellence, and a sense of responsibility to work towards the common good and social justice. In 2004, in recognition of her contribution to the mentorship of the next generation of scholars, Dr. Anderson was awarded one of UBC’s first ever Killam Graduate Mentoring Prizes.

For setting the stage for what the UBC School of Nursing has now become—a community characterized by world class critical scholarship in health and health care—we owe a major debt to Dr. Joan Anderson, a woman of vision and a ground-breaking scholar who has always been well ahead of her time!

CONTRIBUTED BY ANNETTE BROWNE AND SALLY THORNE

B. Ann Hilton Fellowship

Alumnus helps students just as she was helped

Ann Hilton is just putting the finishing touches on a watercolour painting. A professor emeritus from the UBC School of Nursing, Ann has turned her former hobby of watercolour painting into a second career, mounting exhibitions and accepting commissions. Ann's new career is in contrast to her past life as a professor in the UBC School of Nursing, where she started in 1974. Becoming faculty at UBC was a homecoming of sorts, as she had graduated from the School of Nursing in 1968. "It was exciting! I found myself teaching back in the same school—and in fact, some of my old teachers were now colleagues," says Ann. "So that was kind of neat, with a different kind of interchange I would have with them as a peer."

While a student and as faculty at UBC, Ann always noticed how students often had to hold down part-time jobs to fund their academic studies. "I could see in teaching, the number of students who were working jobs and trying to manage all their commitments and how difficult that was." To that end, she created the B. Ann Hilton Fellowship in Nursing funded by an endowment and a gift in her will. Ann feels strongly about the need to help students—just as she was.

In my baccalaureate, I was supported by a memorial bursary. For my master's and doctoral work, I was supported by the Canadian Nurses Foundation. The National Health Research Development Program was also a huge support for my doctoral work." Ann adds, "There would be no way that I would have been able to do either of those—particularly the doctoral program—if I had needed to fund all that myself."

When it came time for Ann to decide whether to leave an inheritance to family or UBC in her will, there was no doubt in her mind she would do both. To other donors considering this, Ann has this to say. "There are the tax breaks it can generate—and I'm not leaving out my nieces and nephews. Their parents raised them with a tradition of giving ever since they were small, and there was always a charitable contribution," says Ann. "So now, instead of exchanging a lot of gifts, I indicate to my relatives, I'm making a major donation back to my fellowship. It's doable—and it doesn't mean you have to exclude family." For Ann Hilton, her family legacy and her experiences as a UBC faculty member have led her to engage again with her past—and have helped guide her philanthropic choice to help nursing students of the future.


This story by Clay Dixon originally appeared in [Estate Planning Review 2021](#)
Photo by Martin Dee



For the inaugural recipient of the B. Ann Hilton Fellowship, nursing is all about relationships

Ismalia De Sousa was the first recipient of the B. Ann Hilton Fellowship in Nursing. In addition to enabling her to study at UBC, it has given her a precious gift for her PhD research—time." UBC has a PhD program very much different than those in Europe—allowing me time to develop my thinking and research proposals. The B. Ann Hilton Fellowship has been really important in removing financial constraints and allowing that concentrated time." For Ismalia, nursing is all about relationships. Having studied for her Bachelor of Nursing in Portugal before living in the UK—where she specialized in stroke care while obtaining her Master

of Nursing—Ismalia has a truly international perspective on the profession. "An essential piece of nursing is the relationship we establish with patients and with communities," she says. "Having worked and studied in the UK, I wanted to take my education to another level by taking my PhD in another country and learning how other people think and live." UBC seemed a natural fit for Ismalia, not only for its exceptional PhD program in the School of Nursing but also its natural beauty. "I really enjoy Vancouver—how open it is and the connection with nature and the sea. Being born in Lisbon, I love being close to the sea."



As both an alumnus and professor emeritus of the School of Nursing, Ann Hilton remembers the difference support made to her time as a student. Now she is paying it back.



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